



General Assembly

January Session, 2011

**Committee Bill No. 297**

LCO No. 3887

\*03887SB00297HS\_\*

Referred to Committee on Human Services

Introduced by:  
(HS)

**AN ACT CONCERNING AN AMENDMENT TO THE MEDICAID STATE PLAN UNDER SECTION 1915(i) OF THE SOCIAL SECURITY ACT TO PROVIDE HOME CARE SERVICES.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

- 1      Section 1. (NEW) (*Effective from passage*) (a) The Commissioner of  
2      Social Services shall seek to amend the Medicaid state plan pursuant to  
3      Section 1915(i) of the Social Security Act to improve access to home  
4      and community-based services by using needs-based eligibility  
5      criteria. The commissioner may amend a previously submitted waiver  
6      application submitted under Section 1915(c) of the Social Security Act  
7      if necessary to implement the provisions of this section.
- 8      (b) A person shall be financially eligible for coverage of home and  
9      community-based services under the Section 1915(i) Medicaid state  
10     plan amendment if the person meets the categorical eligibility special  
11     income requirements established by the commissioner and described  
12     in section 2540.92 of the department's uniform policy manual.
- 13     (c) Except for a person having mental retardation, as defined in  
14     section 1-1g of the general statutes, a person shall be functionally

15 eligible for coverage of home and community-based services under the  
16 Section 1915(i) Medicaid state plan amendment if the person is  
17 assessed as having a functional limitation that is expected to last for a  
18 continuous period of more than ninety days and that is characterized  
19 by: (1) An inability, without substantial assistance, substantial  
20 supervision or substantial cueing, to perform two or more (A)  
21 activities of daily living, that shall include, but not be limited to,  
22 eating, toileting, transferring from one place to another, bathing,  
23 dressing and continence; or (B) instrumental activities of daily living,  
24 that shall include, but not be limited to, housework, meal preparation,  
25 administering medications, managing money, shopping and  
26 communicating by telephone or other means; or (2) a serious and  
27 persistent mental health condition.

28 (d) A person who is otherwise eligible to receive services under this  
29 section shall, as a condition of participation in the program (1) apply  
30 for benefits under a state medical assistance program at the request of  
31 the Department of Social Services, and (2) if determined eligible for  
32 state medical assistance benefits, accept such benefits.

33 (e) A person whose income exceeds two hundred per cent of the  
34 federal poverty level shall contribute to the person's cost of care in  
35 accordance with the methodology established for recipients of medical  
36 assistance pursuant to sections 5035.20 and 5035.25 of the department's  
37 uniform policy manual.

38 (f) Except for a person with acquired brain injury, who is eligible for  
39 Medicaid-financed home and community-based services pursuant to  
40 section 17b-260a of the general statutes, a person who is determined to  
41 be financially and functionally eligible for home and community-based  
42 services under this section shall qualify for payment of such services in  
43 an amount not to exceed a monthly care plan cost cap equal to one  
44 hundred per cent of the weighted average cost of the state's monthly  
45 payment for services in a skilled nursing facility or intermediate care  
46 facility.

47 (g) The community-based services covered under the Section 1915(i)  
48 Medicaid state plan amendment shall include, but not be limited to,  
49 home and community-based services that have been approved for  
50 Medicaid waivers under Section 1915(c) of the Social Security Act and  
51 described in sections 17b-260a, 17b-283, 17b-342, 17b-283, 17b-602a and  
52 17b-605a of the general statutes, to the extent that such services are not  
53 otherwise available under the Medicaid state plan.

54 Sec. 2. (NEW) (*Effective from passage*) The Commissioner of Social  
55 Services shall submit an application in accordance with the State  
56 Balancing Incentive Payment Program, established pursuant to the  
57 Patient Protection and Affordable Care Act, P.L. 111-148, to the Centers  
58 for Medicare and Medicaid Services to increase the state's federal  
59 matching assistance payments for Medicaid home and community-  
60 based services. The commissioner shall make the administrative  
61 changes required in accordance with the terms of said program  
62 including, but not limited to: (1) The establishment of a "no-wrong  
63 door single entry point system" to enable consumers to gain access to  
64 information on services available, including referral services, and to  
65 receive an assessment to determine eligibility for various programs; (2)  
66 the provision of "conflict free" case management to develop individual  
67 service plans and to arrange for and conduct ongoing monitoring of  
68 services; and (3) the utilization of a core standardized assessment  
69 instrument to determine eligibility and appropriate services.

70 Sec. 3. Subsections (a) and (b) of section 17b-371 of the general  
71 statutes are repealed and the following is substituted in lieu thereof  
72 (*Effective from passage*):

73 (a) On July 1, 2011, to the extent permitted by federal law, there  
74 shall be established within the General Fund, a separate, nonlapsing  
75 account which shall be known as the "Long-Term Care Reinvestment  
76 account". The account shall contain any moneys required by law and  
77 this section to be deposited in the account. Any funds (1) resulting  
78 from the enhanced federal medical assistance percentage received by

79 the state under the Money Follows the Person demonstration project  
80 pursuant to Section 6071 of the Deficit Reduction Act of 2005, or (2)  
81 received by the state under the Patient Protection and Affordable Care  
82 Act, P.L. 111-148 and related to home and community-based services  
83 shall be deposited in the account.

84 (b) Money held in the account shall be expended by the  
85 Commissioner of Social Services, in consultation with the Secretary of  
86 the Office of Policy and Management, in accordance with this  
87 subsection and the plan developed pursuant to subsection (c) of this  
88 section, to:

89 (1) Provide funds [for programs and services that provide cost-  
90 effective home and community-based alternatives to institutional care  
91 in nursing home facilities, including, but not limited to, occupational  
92 therapy, homemaker services, companion services, meals on wheels,  
93 adult day care, personal care services, transportation, mental health  
94 counseling, care management, elderly foster care, minor home  
95 modifications and assisted living services] for supplemental services  
96 available under the Medicaid state plan amendment submitted by the  
97 commissioner pursuant to Section 1915(i) of the Social Security Act;

98 (2) Provide funds for rate increases (A) for home health agencies  
99 and other providers of home care services that are in addition to any  
100 rate increases authorized pursuant to sections 17b-242 and 17b-343 to  
101 meet the actual costs of care, and (B) for increased wages for transition  
102 coordinators under the Money Follows the Person demonstration  
103 project;

104 (3) Provide funds to develop, improve and increase the long-term  
105 care services workforce, including, but not limited to, training,  
106 education and other incentives;

107 (4) Provide funds to improve information technology and systems  
108 used to track costs and savings associated with the provision of home  
109 and community-based services and to improve access to information

110 on long-term care programs and services for the elderly and disabled;

111 (5) Encourage the purchase of precertified long-term care insurance  
112 through the Connecticut Partnership for Long-Term Care by covering  
113 the costs of the premiums of individuals for six months;

114 (6) Pay the cost of relocating nursing home residents to other  
115 facilities if necessary to protect the health and safety of such residents,  
116 maintaining and operating a facility pending correction of deficiencies  
117 or closure, and reimbursing residents for the loss of funds in personal  
118 fund accounts pursuant to subsection (b) of section 17b-106;

119 (7) Provide grants to existing nursing home facilities to make facility  
120 changes, improvements and modifications to support home and  
121 community-based services and programs; or

122 (8) Provide grants to promote the adoption of building designs and  
123 principles of alternative nursing homes, such as Eden Alternative,  
124 Green House or Small House nursing homes, to improve the quality of  
125 life for long-term care facility residents.

This act shall take effect as follows and shall amend the following sections:

Section 1	<i>from passage</i>	New section
Sec. 2	<i>from passage</i>	New section
Sec. 3	<i>from passage</i>	17b-371(a) and (b)

**Statement of Purpose:**

To require the Commissioner of Social Services to amend the Medicaid state plan under Section 1915(i) of the Social Security Act.

*[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]*

Co-Sponsors: SEN. MUSTO, 22nd Dist.

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